

Step by Step Instruction: How to Process Household Applications

Professional Standards Learning Code 3110
Length: 1.5 hours



Released March 2016

"How to Process Household Applications" is intended for the School Food Authorities in the state of Arizona. All regulations are specific to operating the National School Lunch Program under the direction of the Arizona Department of Education.

Step by Step Instruction: How to Process Household Applications

Intended Audience and Content

- This *How-To-Guide* is intended for Local Education Agencies (LEAs) operating the National School Lunch Program (NSLP) who are required to collect student eligibility documentation.
- The following slides provide guidance on how to process household applications when the Arizona Department of Education (ADE) household application template is used.
- The Income Eligibility Guidelines used are for the 2015-2016 Program Year.

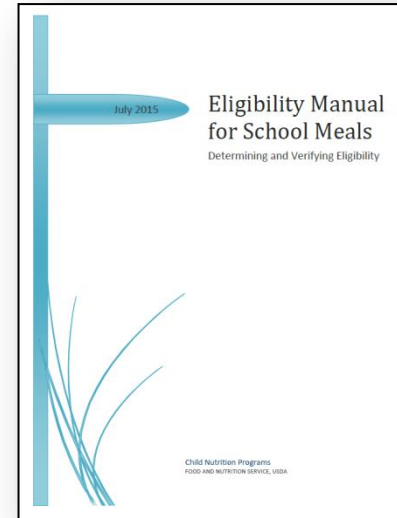
Step by Step Instruction: How to Process Household Applications

Objectives

At the end of this training, attendees should be able to:

- certify free and reduced-price household applications in compliance with Federal regulations;
- understand the role of a determining official; and
- understand the deadline for processing a submitted household application.

Step by Step Instruction: How to Process Household Applications



The instruction within this *How-To-Guide* is based on guidance from USDA's Eligibility Manual for School Meals, 2015.

- Chapter 2: Determining Eligibility (p. 28-49)
- Chapter 3: Processing Applications (p. 49-63)

It is recommended to review the USDA's Eligibility Manual for School Meals in addition to reviewing this How-To-Guide for complete guidance on processing Household Applications. Click [here](#) to access the USDA's Eligibility Manual for School Meals Manual.

Step by Step Instruction: How to Process Household Applications

Handouts for Training

At this time, please print off the three sample household applications and the Income Eligibility Guidelines for SY 15-16. You will need these handouts to complete this training.

This is a sample household application form for the Smith Household. It includes sections for family information, income, and other relevant details. The form is titled 'Application for Free and Reduced-Priced School Meals'.

[Smith Household
Income Application](#)

This is a sample household application form for the Hampton Household. It includes sections for family information, income, and other relevant details. The form is titled 'Application for Free and Reduced-Priced School Meals'.

[Hampton Household
Case Number
Application](#)

This is a sample household application form for the Montez Household. It includes sections for family information, income, and other relevant details. The form is titled 'Application for Free and Reduced-Priced School Meals'.

[Montez Household
Foster Application](#)

Free School Lunching (Free & Low Cost) USDA Child Nutrition Program Income Guidelines July 1, 2015 - June 30, 2016

FREE				REDUCED			
HOW TO USE THIS CHART				HOW TO USE THIS CHART			
Family Size	Year	Month	Income	Family Size	Year	Month	Income
2	2015	1	\$1,000	2	2015	1	\$1,000
2	2015	2	\$1,000	2	2015	2	\$1,000
2	2015	3	\$1,000	2	2015	3	\$1,000
2	2015	4	\$1,000	2	2015	4	\$1,000
2	2015	5	\$1,000	2	2015	5	\$1,000
2	2015	6	\$1,000	2	2015	6	\$1,000
2	2015	7	\$1,000	2	2015	7	\$1,000
2	2015	8	\$1,000	2	2015	8	\$1,000
2	2015	9	\$1,000	2	2015	9	\$1,000
2	2015	10	\$1,000	2	2015	10	\$1,000
2	2015	11	\$1,000	2	2015	11	\$1,000
2	2015	12	\$1,000	2	2015	12	\$1,000
2	2016	1	\$1,000	2	2016	1	\$1,000
2	2016	2	\$1,000	2	2016	2	\$1,000
2	2016	3	\$1,000	2	2016	3	\$1,000
2	2016	4	\$1,000	2	2016	4	\$1,000
2	2016	5	\$1,000	2	2016	5	\$1,000
2	2016	6	\$1,000	2	2016	6	\$1,000
2	2016	7	\$1,000	2	2016	7	\$1,000
2	2016	8	\$1,000	2	2016	8	\$1,000
2	2016	9	\$1,000	2	2016	9	\$1,000
2	2016	10	\$1,000	2	2016	10	\$1,000
2	2016	11	\$1,000	2	2016	11	\$1,000
2	2016	12	\$1,000	2	2016	12	\$1,000

☐ If all income is reported on the same schedule
☐ If income is reported on a 12-month schedule (e.g. 12 months + 3300 (annual))

☐ If family reports income separate from spouse than

Comprehension Check

- Throughout this guide there will be comprehension quiz questions to test your knowledge and help you apply what you're learning.
- Be sure to review these quiz questions and the answers, available within the guide.
- This icon will indicate a comprehension quiz question, and the background of the slides will be a light green like you see on this slide.



Step by Step Instruction: How to Process Household Applications

The Step by Step Instruction will review:

Introduction to Household Applications	Slides 7-16
Processing Applications	
<i>Income Applications</i>	Slides 17-40
<i>Case Number Applications</i>	Slides 41-49
<i>Foster Child Applications</i>	Slides 50-56
<i>Homeless, Migrant, or Runaway Applications</i>	Slides 57- 61
<i>Processing Applications with Different Types of Eligibility</i>	Slides 62-63
<i>Denied Applications</i>	Slides 64-65
Meal Benefit Summary	66-67

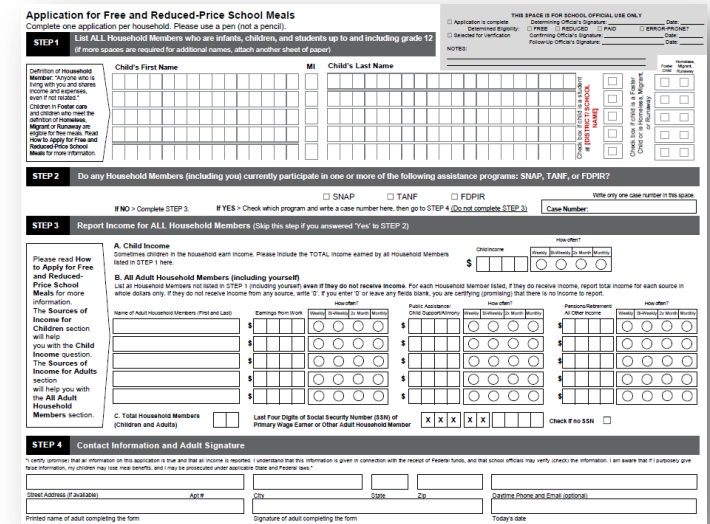
*The following slides will only cover how-to instructions for processing household applications. **Please refer back to the ADE webpage for other How-To Guides regarding other methods to certify students for meal benefits.***

Introduction to Household Applications

Introduction

Household Applications

- Unless the children in a household are determined eligible through direct certification, the household should be provided a household application to apply for free or reduced-price meals.
- The information that the household must provide depends on whether the children are eligible based on receipt of benefits from an Assistance Program, meet the definition of a foster child, or are determined eligible based on the household's size and income.
- Only complete applications may be processed for meal benefits.



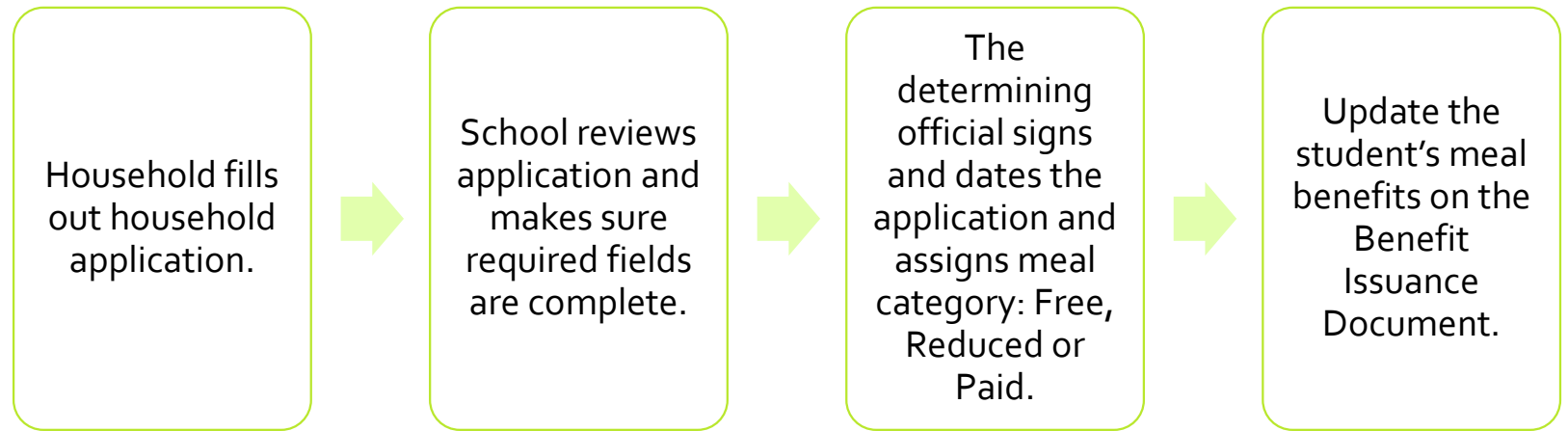
The form is titled "Application for Free and Reduced-Price School Meals" and includes instructions for completion. It is divided into four main steps:

- STEP 1:** List ALL Household Members who are infants, children, and students up to and including grade 12. If more than one person is listed, attach another sheet of paper. This section includes a table for listing members with columns for Child's First Name, MI, Child's Last Name, and a checkbox for "Child is Foster Child".
- STEP 2:** Do any Household Members (including you) currently participate in one or more of the following assistance programs: SNAP, TANF, or FDIPIR? This section includes checkboxes for each program and a field for the Case Number.
- STEP 3:** Report Income for ALL Household Members (Skip this step if you answered "Yes" to STEP 2). This section includes a table for reporting income for each household member, with columns for Name, Income Source, and Amount. It also includes a section for "Total Household Income" and a checkbox for "Check if No Income".
- STEP 4:** Contact Information and Adult Signature. This section includes fields for the adult's name, address, city, state, zip, and phone number, as well as a signature line and a date field.

The form also includes a "THIS SPACE IS FOR SCHOOL OFFICIAL USE ONLY" section at the top right, which includes checkboxes for "Application is complete", "Determined Eligible", "Determined Ineligible", and "Determined Not Eligible", along with fields for the school official's name, title, and date.

Introduction

Flow of Processing Household Applications



Determining official: An LEA official responsible for determining children's eligibility for free or reduced-price benefits.

Benefit Issuance Document: is a list of all students and their assigned meal benefits based on eligibility documentation collected.

Introduction

Determining Official

The **determining official** reviews each incoming application to ensure that the household has submitted a *complete* application and will certify the application for meal benefits.

The determining official will:

- Determine an eligibility benefit based on the information reported by the household on the application.
- Sign or initial and date each application, or sign or initial and date a cover sheet attached to a batch of applications.
 - A notation should be made to an electronic file.
 - A computer system should be able to capture the original date of approval, the basis for the determination (for example, household size and income), and update the status of applications to account for transfers, withdrawals, terminations, and other changes.

Introduction

- On the ADE Application for Free and Reduced-Price School Meals, there is room for the determining official to sign and date on the upper right corner of the application in the space for school official use only.

[illegible]

Introduction

Determining Complete Applications

- Any application that is missing required information, contains inconsistent information, or is unclear is considered an *incomplete* application.
 - Households that submit an incomplete application cannot be approved and information must be obtained before an eligibility determination can be made. Every reasonable effort should be made to obtain the missing information prior to denying the application.
 - To get the required information, the school may return the application to the household or contact the child's parent or guardian either by phone or in writing, including e-mail. The determining official should document the details of the contact, and date and initial the entry.
 - Applications missing the signature of an adult household member must be returned to the household for a signature.
- The determining official may not complete the application for the household using information derived from other records available to the school. Any missing information on the application must be provided by the household.

Introduction

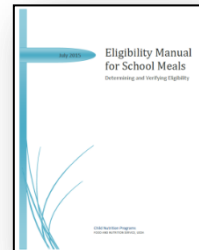
Application Processing Time

- Applications must be reviewed in a timely manner. LEAs must process applications within 10 operating days of the receipt of the application.
 - As a best practice, applications should be date stamped to indicate the date they were received and processed immediately.
- The LEA must not delay approval of the application if the household fails to provide any information that is not required. For example, if the household fails to include its street address, processing of the application cannot be delayed.

Introduction

Questionable Applications and Information

- LEAs have an obligation to follow-up on questionable and incomplete information when reviewing applications submitted for free and reduced-price meals. Prior to certifying children for benefits, the determining official should review the application for any discrepancies in the information provided.
- If a discrepancy is found, for example, the number of household members does not match the number of names listed on the application, the determining official should:
 - Seek clarification about the information provided in order to make a determination in a timely manner; or
 - Deny the application with an explanation that incomplete information was provided; or
 - Approve the application, and verify for cause.



Guidance on Verification for Cause is available in the USDA Eligibility Manual for School Meals pg. 67.

Introduction

Benefit Issuance Document

- All eligibility determinations should be recorded on a Benefit Issuance Document (BID).
- A BID is a list of all students at your site that you determined have either free or reduced-priced meal benefits.
- The BID contains the
 - first and last name of the student,
 - the method used to determine their benefits (application, direct certification etc.),
 - the meal benefit status,
 - and the date it was determined.

For more information on the BID, please refer to the [ADE Online Course Library](#) to refer to the Step by Step: How to Create a Benefit Issuance Document.

Introduction

Processing Applications

- Households are instructed to apply for meal benefits by filling out certain parts of the Household Application.
- Different parts of the application will be completed depending if the household is income eligible or categorically eligible.
- Categorically eligible means a child who automatically receives free meals because they participate or have been identified as a member of eligible programs (for example, assistance programs (SNAP, TANF, FDPIR), foster, homeless, migrant or runaway).
- The following sections will review how to process the following types of applications:
 - Income Application
 - Case Number Application
 - Foster Application
 - Homeless/Migrant/Runaway Application
 - Processing Applications with Multiple Types of Eligibility
 - Denied Applications

How to Process Income Applications

Income Applications

Steps for Processing an Income Application

1. Determine if the income application is complete.
2. Calculate income levels.
3. Use Income Eligibility Guidelines (IEGs) to determine meal benefits.
4. Sign and date as Determining Official.

Together, we will process the Smith household application. If you have not yet done so, please print the **Smith Application**.

Income Applications

1. Determine if the Application is Complete.

2. Calculate Income
Levels.

3. Use Income Eligibility
Guidelines to Determine
Meal Benefits.

4. Sign and Date as
Determining Official.

#1. Determine if the Income Application is Complete

A complete income application must provide:

- Names of all household members and total number of household members;
- Amount, source, and frequency of current income for each household member;
- Signature of an adult household member; and
- Last four digits of the social security number of the household's primary wage earner or another adult household member, or an indication that the household member does not have a social security number.








**Picture on
next slide**

The highlighted fields must be filled out for an income application.

The highlighted fields must be filled out for an income application.

certifying applications can be found in the Child Nutrition Program Guidance Manual at <http://www.azed.gov/health-nutrition/nsip/manuals>



Income Applications

1. Determine if the Application is Complete.
2. Calculate Income Levels.
3. Use Income Eligibility Guidelines to Determine Meal Benefits.
4. Sign and Date as Determining Official.

Reported Gross Income

- Income for children must be combined into a single income reporting field (highlighted in yellow below), as these individuals rarely have income to report.
- Income earned or received by adults must be identified with the individual who received it, as well as the source, such as wages or social security income (highlighted in purple below).

Combined children
income and
frequency.

All adults in the household with their income amount and frequency.

STEP 3 Report Income for ALL Household Members (Skip this step if you answered 'Yes' to STEP 2)

Please read How to Apply for Free and Reduced-Price School Meals for more information. The Sources of Income for Children section will help you with the Child Income question. The Sources of Income for Adults section will help you with the All Adult Household Members section.

A. Child Income

Sometimes children in the household earn income. Please include the TOTAL income earned by all Household Members listed in STEP 1 here.

Child income

How often?
weekly bi-weekly 2x month monthly

\$

B. All Adult Household Members (including yourself)

List all Household Members not listed in STEP 1 (including yourself) even if they do not receive income. For each Household Member listed, if they do receive income, report total income for each source in whole dollars only. If they do not receive income from any source, write '0'. If you enter '0' or leave any fields blank, you are certifying (promising) that there is no income to report.

Name of Adult Household Members (First and Last)	Earnings from Work	How often?				Public Assistance/ Child Support/Alimony	How often?				Pensions/Retirement/ All Other Income	How often?			
		weekly	bi-weekly	2x month	monthly		weekly	bi-weekly	2x month	monthly		weekly	bi-weekly	2x month	monthly
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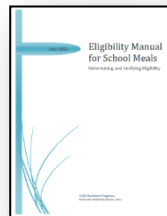
C. Total Household Members Last Four Digits of Social Security Number (SSN) of Primary Wage Earner or Other Adult Household Member

Income Applications

1. Determine if the Application is Complete.
2. Calculate Income Levels.
3. Use Income Eligibility Guidelines to Determine Meal Benefits.
4. Sign and Date as Determining Official.

Reported Income

- The household must provide their current income which is based on the most recent information available. This may be for the current month, the amount projected for the month for which the application is filled out, or for the month prior to applying for meal benefits.
- If the household's current income is not a reflection of income that will be available over the school year, the household should contact the LEA for assistance. The LEA would determine the amount and frequency of income available during the school year for households.
- If a household provided only annual income, the LEA must ensure that this is an accurate reflection of their current income.



Guidance on Annual Income/Special Situations is available in the USDA Eligibility Manual for School Meals pg. 32.

Income Applications

1. Determine if the Application is Complete.
2. Calculate Income Levels.
3. Use Income Eligibility Guidelines to Determine Meal Benefits.
4. Sign and Date as Determining Official.

Reported No Income

- When no income is reported for any of the household members, the application is still considered complete. Zero income may also be indicated by writing in “zero” or “no income,” or by inserting “\$0”.
- The ADE Application includes a clear and easy to understand instruction that communicates to households that any income field left blank is a positive indication that there is no income to report.
 - See the instruction found in Step 3 and Step 4.

STEP 3 Report Income for ALL Household Members (Skip this step if you answered 'Yes' to STEP 2)													
Please read How to Apply for Free and Reduced-Price School Meals for more information. The Sources of Income for	A. Child Income Sometimes children in the household earn income. Please include the TOTAL income earned by all Household Members listed in STEP 1 here.				Child Income \$		How often?						
							Weekly Bi-Weekly 2x Month Monthly						
B. All Adult Household Members (including yourself) List all Household Members not listed in STEP 1 (including yourself) even if they do not receive income. For each Household Member listed, if they do receive income, report total income for each source in whole dollars only. If they do not receive income from any source, write '0'. If you enter '0' or leave any fields blank, you are certifying (promising) that there is no income to report.													
Name of Adult Household Members (First and Last)		Earnings from Work		How often?		Public Assistance/ Child Support/Alimony		How often?		Pensions/Retirement/ All Other Income		How often?	
				Weekly Bi-Weekly 2x Month Monthly				Weekly Bi-Weekly 2x Month Monthly				Weekly Bi-Weekly 2x Month Monthly	
STEP 4 Contact Information and Adult Signature													
<small>*I certify (promise) that all information on this application is true and that all income is reported. I understand that this information is given in connection with the receipt of Federal funds, and that school officials may verify (check) the information. I am aware that if I purposely give false information, my children may lose meal benefits, and I may be prosecuted under applicable State and Federal laws.*</small>													
Street Address (if available)				Apt #		City		State		Zip		Daytime Phone and Email (optional)	
Printed name of adult completing the form				Signature of adult completing the form				Today's date					

Income Applications

1. Determine if the Application is Complete.
2. Calculate Income Levels.
3. Use Income Eligibility Guidelines to Determine Meal Benefits.
4. Sign and Date as Determining Official.

Is the Smith Application Complete?

- Yes, all required fields have been completed for an income application.

Application for Free and Reduced-Price School Meals
Complete one application per household. Please use a pen (not a pencil).

STEP 1 List ALL Household Members who are infants, children, and students up to and including grade 12 (If more spaces are required for additional names, attach another sheet of paper)

All children listed in the household

Child's First Name	MI	Child's Last Name
ERIC		SMITH
REBECCA		SMITH

STEP 2 Do any Household Members (including you) currently participate in one or more of the following assistance programs: SNAP, TANF, or FDIPIR?

☐ SNAP ☐ TANF ☐ FDIPIR

STEP 3 Report Income for ALL Household Members (Skip this step if you answered 'Yes' to STEP 2)

A. Child Income
Sometimes children in the household earn income. Please include the TOTAL income earned by all Household Members listed in STEP 1 here.

B. All Adult Household Members (including yourself)
List all Household Members not listed in STEP 1 (including yourself) even if they do not receive income. For each Household Member listed, if they do receive income, report total income in whole dollars only. If they do not receive income from any source, write '0'. If you enter '0' or leave any fields blank, you are certifying (promising) that there is no income to report.

Listed adult household member names, income and frequency.

Name of Adult Household Members (First and Last)	Earnings from Work	Public Assistance/Child Support/Alimony	Pensions/Retirement/All Other Income
JOHN SMITH	\$ 200	\$ 500	
EMMA SMITH	\$ 500		

4; this number matches the number of names listed on application.

Combined children income and frequency. It is ok if left blank.

Last four digits of the social security number.

Adult household member signature. This adult is also listed in the section above. As a reminder, contact information is not required.

City: Emma Smith State: Zip: Daytime Phone and Email (optional): 9/1/15 Today's date:

Income Applications

1. Determine if the Application is Complete.

2. Calculate Income
Levels.

3. Use Income Eligibility
Guidelines to Determine
Meal Benefits.

4. Sign and Date as
Determining Official.

Review: #1. Determine if the Application is Complete

- We have reviewed what information must be completed on the application if the household is applying based on income and household size.
- We can now move to Step #2 to determine if the Smith family qualifies for any meal benefits.



Step #2

1. Determine if the Application is Complete.

2. Calculate Income Levels.

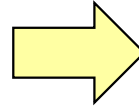
3. Use Income Eligibility Guidelines to Determine Meal Benefits.

4. Sign and Date as Determining Official.

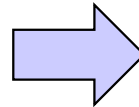
#2. Calculate Income Levels

On the application, look at the amount of income and frequency for the children and for each adult.

Combined children
income and
frequency.



All adult household member names, income and frequency.



STEP 3	Report Income for ALL Household Members (Skip this step if you answered "Yes" to STEP 2).																																																																																																																																						
<p>Please read How to Apply for Free and Reduced-Price School Meals for more information.</p> <p>The Sources of Income for Children section will help you with the Child Income question. The Sources of Income for Adults section will help you with the All Adult Household Members section.</p>	<div style="display: flex; justify-content: space-between;"> <div style="width: 60%;"> <p>A. Child Income</p> <p>Sometimes children in the household earn income. Please include the TOTAL income earned by all Household Members listed in STEP 1 here.</p> <p>B. All Adult Household Members (including yourself)</p> <p>List all Household Members not listed in STEP 1 (including yourself) even if they do not receive income. For each Household Member listed, if they do receive income, report total income for each source in whole dollars only. If they do not receive income from any source, write "0". If you enter "0" or leave any fields blank, you are certifying (or promising) that there is no income to report.</p> </div> <div style="width: 35%; background-color: #ffffcc; padding: 5px;"> <p style="text-align: right; font-size: small;">How often?</p> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="width: 20%;">Child Income</th> <th style="width: 10%;">Weekly</th> <th style="width: 10%;">Bi-Weekly</th> <th style="width: 10%;">2x Month</th> <th style="width: 10%;">Monthly</th> </tr> <tr> <td style="text-align: center;">\$</td> <td style="text-align: center;">○</td> <td style="text-align: center;">○</td> <td style="text-align: center;">○</td> <td style="text-align: center;">○</td> </tr> </table> </div> </div> <table border="1" style="width: 100%; border-collapse: collapse; margin-top: 10px;"> <thead> <tr> <th rowspan="2" style="width: 25%;">Name of Adult Household Member (First and Last)</th> <th rowspan="2" style="width: 10%;">Earnings from Work</th> 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Total Household Members (Children and Adults) 4</p> <p>Last Four Digits of Social Security Number (SSN) of Primary Wage Earner or Other Adult Household Member X X X X 8 1 4 2 Check if no SSN <input type="checkbox"/></p> </div>	Child Income	Weekly	Bi-Weekly	2x Month	Monthly	\$	○	○	○	○	Name of Adult Household Member (First and Last)	Earnings from Work	How often?				Public Assistance/Child Support/Alimony	How often?				Pension/Retirement/All Other Income	How often?				Weekly	Bi-Weekly	2x Month	Monthly	Weekly	Bi-Weekly	2x Month	Monthly	Weekly	Bi-Weekly	2x Month	Monthly	JOHN SMITH	\$ 200	●	○	○	○	\$ 500	●	○	○	○	\$	○	○	○	○	EMMA SMITH	\$ 500	●	○	○	○	\$	○	○	○	○	\$	○	○	○	○		\$	○	○	○	○	\$	○	○	○	○	\$	○	○	○	○		\$	○	○	○	○	\$	○	○	○	○	\$	○	○	○	○		\$	○	○	○	○	\$	○	○	○	○	\$	○	○	○	○		\$	○	○	○	○	\$	○	○	○	○	\$	○	○	○	○
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- The children have no listed income.
- The adults:
 - John Smith entered \$200 weekly and \$500 weekly.
 - Emma Smith entered \$500 bi-weekly.

Income Applications

1. Determine if the Application is Complete.
2. Calculate Income Levels.
3. Use Income Eligibility Guidelines to Determine Meal Benefits.
4. Sign and Date as determining official.

Frequencies

Households are able to enter in their earnings from work and indicate how often they receive that amount by filling in the bubbles:

- Weekly
- Bi-Weekly
- 2x Month
- Monthly

STEP 3 Report Income for ALL Household Members (Skip this step if you answered 'Yes' to STEP 2)																
Please read How to Apply for Free and Reduced-Price School Meals for more information. The Sources of Income for Children section will help you with the Child Income question. The Sources of Income for Adults section will help you with the All Adult Household	A. Child Income Sometimes children in the household earn income. Please include the TOTAL income earned by all Household Members listed in STEP 1 here.				Child Income \$ <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>				How often? <input type="radio"/> Weekly <input type="radio"/> Bi-Weekly <input type="radio"/> 2x Month <input type="radio"/> Monthly							
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	Name of Adult Household Members (First and Last)	Earnings from Work	How often?				Public Assistance/Child Support/Alimony	How often?				Pensions/Retirement/All Other Income	How often?			
		\$ <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<input type="radio"/> Weekly	<input type="radio"/> Bi-Weekly	<input type="radio"/> 2x Month	<input type="radio"/> Monthly	\$ <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<input type="radio"/> Weekly	<input type="radio"/> Bi-Weekly	<input type="radio"/> 2x Month	<input type="radio"/> Monthly	\$ <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<input type="radio"/> Weekly	<input type="radio"/> Bi-Weekly	<input type="radio"/> 2x Month	<input type="radio"/> Monthly
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Income Applications

1. Determine if the Application is Complete.
2. Calculate Income Levels.
3. Use Income Eligibility Guidelines to Determine Meal Benefits.
4. Sign and Date as determining official.

Calculating Income Levels

- If a household lists the **same income frequency**, you will add together all income levels provided.
- If a household lists **multiple income frequencies**, like the Smith application, we must convert all frequencies to annual income before adding them together.



Example on
next slide

Income Applications

1. Determine if the Application is Complete.
2. Calculate Income Levels.
3. Use Income Eligibility Guidelines to Determine Meal Benefits.
4. Sign and Date as determining official.

Calculating Same Income Frequencies

If there is only one source of income, or if all sources are received in the same frequency, no conversion is required and all income would be added together.

For example, this application provides all income in the weekly frequency.

- The total income for the household is \$600, weekly.
- Child's income (\$100) + Adult Income (\$400+\$100) = \$600

STEP 3 Report Income for ALL Household Members (Skip this step if you answered 'Yes' to STEP 2)

Please read How to Apply for Free and Reduced-Price School Meals for more information. The Sources of Income for Children section will help you with the Child Income question. The Sources of Income for Adults section will help you with the All Adult Household Members section.

A. Child Income
Sometimes children in the household earn income. Please include the TOTAL income earned by all Household Members listed in STEP 1 here.

B. All Adult Household Members (including yourself)
List all Household Members not listed in STEP 1 (including yourself) even if they do not receive income. For each Household Member listed, if they do receive income, report total income for each source in whole dollars only. If they do not receive income from any source, write '0'. If you enter '0' or leave any fields blank, you are certifying (promising) that there is no income to report.

C. Total Household Members (Children and Adults) 0 3

Last Four Digits of Social Security Number (SSN) of Primary Wage Earner or Other Adult Household Member X X X X X X

Check if no SSN ☐

STEP 4 Contact Information and Adult Signature

Child Income		How often?			
Weekly	Bi-Weekly	2x Month	Monthly		
\$ 1 0 0	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Name of Adult Household Members (First and Last)	Earnings from Work	How often?				Public Assistance/Child Support/Alimony	How often?				Pensions/Retirement/All Other Income	How often?			
		Weekly	Bi-Weekly	2x Month	Monthly		Weekly	Bi-Weekly	2x Month	Monthly		Weekly	Bi-Weekly	2x Month	Monthly
Joe Bank	\$ 4 0 0	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>		<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>		<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Karen Bank	\$ 1 0 0	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>		<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>		<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
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Income Applications

1. Determine if the Application is Complete.
2. Calculate Income Levels.
3. Use Income Eligibility Guidelines to Determine Meal Benefits.
4. Sign and Date as determining official.

Different Income Frequencies

Households may have income from different sources which are paid on different schedules. For example, the household may receive paychecks on a weekly basis and child support on a monthly basis.

- If there are multiple income sources with more than one frequency, the LEA must convert all income frequency to an annual amount by multiplying:
 - Weekly income by 52; or
 - Bi-weekly income (received every two weeks) by 26; or
 - Semi-monthly income (received twice a month) by 24; or
 - Monthly income by 12.
- Do not round the values resulting from each conversion. Add together all of the un-rounded converted values. LEAs cannot use conversion factors such as 4.33 to convert weekly income or 2.15 to convert bi-weekly income to monthly amounts.
- If an LEA uses software for application or certification purposes, the software cannot use conversion factors and cannot automatically convert income unless there are different frequencies.

Example on
next slide

Income Applications

1. Determine if the Application is Complete.
- 2. Calculate Income Levels.**
3. Use Income Eligibility Guidelines to Determine Meal Benefits.
4. Sign and Date as determining official.

Calculated Income Levels

- We have reviewed how to calculate the total income listed on the household application.
- We can now move to Step #3 to determine if the Smith family qualifies for any meal benefits based on the total income of \$49,400, annually.



Step #3

Using the Income Eligibility Guidelines

The Smith household application indicates 4 household members with total income of \$49,400 annually. Do they qualify for meal benefits?

1. On the Income Eligibility Guidelines determine the free income levels for a family size of 4. Income received annually must be less than **\$31,525** to qualify for free meals.
2. The family's income is above the free income guidelines. (\$49,400 is greater than \$31,525)
3. On the Income Eligibility Guidelines determine the reduced income levels for a family size of 4. Income received annually must be less than **\$44,863** to qualify for reduced-price meals.
4. The family's income of \$49,400 is greater than \$44,863. The family does not qualify for reduced-price meal benefits.
5. The family does not qualify for meal benefits.

(For School Determining Official's Use Only)

USDA CHILD NUTRITION PROGRAM
INCOME GUIDELINES
July 1, 2015- June 30, 2016

FREE						REDUCED					
HOW OFTEN INCOME WAS RECEIVED						HOW OFTEN INCOME WAS RECEIVED					
Family Size:	Year	Month	Twice Per Month	Every Two Weeks (Bi-Weekly)	Week	Family Size:	Year	Month	Twice Per Month	Every Two Weeks (Bi-Weekly)	Week
1	\$15,301	1,276	638	589	295	1	\$21,775	1,815	908	838	419
2	20,709	1,726	863	797	399	2	29,471	2,456	1,228	1,134	567
3	26,117	2,177	1,089	1,005	503	3	37,167	3,098	1,549	1,430	715
4	31,525	2,628	1,314	1,213	607	4	44,863	3,739	1,870	1,726	863
5	36,933	3,078	1,539	1,421	711	5	52,553	4,380	2,190	2,022	1,011
6	42,341	3,529	1,765	1,629	815	6	60,255	5,022	2,511	2,318	1,159
7	47,749	3,980	1,990	1,827	919	7	67,951	5,663	2,823	2,611	1,297

Income Applications

1. Determine if the Application is Complete.
2. Calculate Income Levels.
3. Use Income Eligibility Guidelines to Determine Meal Benefits.
4. Sign and Date as determining official.

Certifying Income Application- Smith Household

- #1. The application contains all required information and is complete.
- #2. Total income is \$49,400 annually. Income was listed in different frequencies so we converted income listed into annual amount and then added income together.
- #3. Using the IEGs, we found that a household of 4 who earns \$49,400 per year is higher than the guideline listed for free and reduced-price meal benefits. The Smith family does not qualify for meal benefits.
- #4. As the determining official, we can mark the paid category, sign and date the application. As best practice, we can also add notes.

Application for Free and Reduced-Price School Meals
Complete one application per household. Please use a pen (not a pencil).

STEP 1 List ALL Household Members who are infants, children, and students up to and including grade 12 (if more spaces are required for additional names, attach another sheet of paper)

Definition of Household Member: "Anyone who is living with you and shares income and expenses, even if not related." Children in Foster care and children who meet the definition of Homeless, Migrant or Runaway are eligible for free meals. Read	Child's First Name	MI	Child's Last Name
	ERIC		SMITH
	REBECCA		SMITH

THIS SPACE IS FOR SCHOOL OFFICIAL USE ONLY

☒ Application is complete
☐ Determined Eligibility: ☐ FREE ☐ REDUCED ☒ PAID
☐ Selected for Verification
Confirming Official's Signature: Mona Vig Date: 9/5/15
Follow-Up Official's Signature: _____ Date: _____

NOTES:
Annual income \$49,400- income too high.

☐ If child is a student (TRICT/ SCHOOL NAME)
☒ If child is a Foster
is Homeless, Migrant, or Runaway

Homeless, Migrant, Runaway
Foster Child
☐ ☐ ☐

Comprehension Check

How would you certify this income application?

- A. Free, based on income of \$500 per week, household of 3.
- B. Free, based on income of \$31,200 annually, household of 3.
- C. Reduced, based on income of \$600 per week, household of 3.

Application for Free and Reduced-Price School Meals
Complete one application per household. Please use a pen (not a pencil).

STEP 1 List ALL Household Members who are infants, children, and students up to and including grade 12 (if more spaces are required for additional names, attach another sheet of paper)

Child's First Name: SOPHIE MI: Child's Last Name: BANK

Check box if child is a student at DISTRICT SCHOOL: ☒ Check box if child is a Foster Child or is homeless, migrant, or Runaway: ☐

STEP 2 Do any Household Members (including you) currently participate in one or more of the following assistance programs: SNAP, TANF, or FDIPIR? ☐ SNAP ☐ TANF ☐ FDIPIR Write only one case number in this space.

STEP 3 Report Income for ALL Household Members (Skip this step if you answered 'Yes' to STEP 2)

A. Child Income Sometimes children in the household earn income. Please include the TOTAL income earned by all Household Members listed in STEP 1 here. Child Income: \$ 100 How often? Weekly ☒ Bi-Weekly ☐ 2x Month ☐ Monthly ☐

B. All Adult Household Members (including yourself) List all Household Members not listed in STEP 1 (including yourself) even if they do not receive income. For each Household Member listed, if they do receive income, report total income for each source in whole dollars only. If they do not receive income from any source, write '0'. If you enter '0' or leave any fields blank, you are certifying (promising) that there is no income to report.

Name of Adult Household Member (First and Last)	Earnings from Work	Public Assistance/Child Support/Alimony	Pensions/Retirement/All Other Income
JOE BANK	\$ 400 Weekly <input checked="" type="radio"/> Bi-Weekly <input type="radio"/> 2x Month <input type="radio"/> Monthly <input type="radio"/>	\$ 0 Weekly <input type="radio"/> Bi-Weekly <input type="radio"/> 2x Month <input type="radio"/> Monthly <input type="radio"/>	\$ 0 Weekly <input type="radio"/> Bi-Weekly <input type="radio"/> 2x Month <input type="radio"/> Monthly <input type="radio"/>
KAREN BANK	\$ 0 Weekly <input type="radio"/> Bi-Weekly <input type="radio"/> 2x Month <input type="radio"/> Monthly <input type="radio"/>	\$ 0 Weekly <input type="radio"/> Bi-Weekly <input type="radio"/> 2x Month <input type="radio"/> Monthly <input type="radio"/>	\$ 100 Weekly <input checked="" type="radio"/> Bi-Weekly <input type="radio"/> 2x Month <input type="radio"/> Monthly <input type="radio"/>

C. Total Household Members (Children and Adults) 3 Last Four Digits of Social Security Number (SSN) of Primary Wage Earner or Other Adult Household Member: X X X X Check if no SSN: ☒

STEP 4 Contact Information and Adult Signature

I certify (promise) that all information on this application is true and that all income is reported. I understand that this information is given in connection with the receipt of Federal funds, and that school officials may verify (check) the information. I am aware that if I purposely give false information, my children may lose meal benefits, and I may be prosecuted under applicable State and Federal laws.

Street Address (if available): Apt # City State Zip Daytime Phone and Email (optional): 915/15
Printed name of adult completing the form: Karen Bank Signature of adult completing the form: Today's date:



Comprehension Check

How would you certify this income application?

- A. Free, based on income of \$500 per week, household of 3.
- B. Free, based on income of \$31,200 annually, household of 3.
- C. **Reduced, based on income of \$600 per week, household of 3.**

(For School Determining Official's Use Only)

USDA CHILD NUTRITION PROGRAM

INCOME GUIDELINES

July 1, 2015- June 30, 2016

FREE

HOW OFTEN INCOME WAS RECEIVED

Family Size:	Year	Month	Every		
			Twice Per Month	Two Weeks (Bi-Weekly)	Week
1	\$15,301	1,276	638	589	295
2	20,709	1,726	863	797	399
3	26,117	2,177	1,089	1,003	503
4	31,525	2,628	1,314	1,213	607
5	36,933	3,078	1,539	1,421	711
6	42,341	3,529	1,765	1,629	815
7	47,749	3,980	1,990	1,837	919

REDUCED

HOW OFTEN INCOME WAS RECEIVED

Family Size:	Year	Month	Every		
			Twice Per Month	Two Weeks (Bi-Weekly)	Week
1	\$21,775	1,815	908	838	419
2	29,471	2,456	1,228	1,134	567
3	37,167	3,098	1,549	1,450	715
4	44,863	3,739	1,870	1,726	863
5	52,559	4,380	2,190	2,022	1,011
6	60,255	5,022	2,511	2,318	1,159
7	67,951	5,662	2,822	2,614	1,297

The family's income is \$600 weekly; no conversion is needed since all frequencies were weekly. On the Income Eligibility Guidelines, income received weekly must be less than \$503 to qualify for free meals. The family's income of \$600 is higher than that, so they do not qualify for free meals. However, the family's income must be less than \$715 to qualify for reduced-price meals. The family's income of \$600 is less than \$715. The family qualifies for reduced-price meal benefits.



Comprehension Check

Based on this application, is this household application complete?

- A. No, income levels are not listed.
- B. No, household did not enter contact information.
- C. Yes, all required parts of the application are completed.

Application for Free and Reduced-Price School Meals
Complete one application per household. Please use a pen (not a pencil).

STEP 1 List ALL Household Members who are infants, children, and students up to and including grade 12 (if more spaces are required for additional names, attach another sheet of paper)

Child's First Name	MI	Child's Last Name
CHARLIE		GOODWIN
EVA		GOODWIN

STEP 2 Do any Household Members (including you) currently participate in one or more of the following assistance programs: SNAP, TANF, or FDIPIR?

☐ SNAP ☐ TANF ☐ FDIPIR

STEP 3 Report Income for ALL Household Members (Skip this step if you answered 'Yes' to STEP 2)

A. Child Income
Sometimes children in the household earn income. Please include the TOTAL income earned by all Household Members listed in STEP 1 here.

B. All Adult Household Members (including yourself)
List all Household Members not listed in STEP 1 (including yourself) even if they do not receive income. For each Household Member listed, if they do receive income, report total income for each source in whole dollars only. If they do not receive income from any source, write '0'. If you enter '0' or leave any fields blank, you are certifying (promising) that there is no income to report.

Name of Adult Household Member (First and Last)	Earnings from Work (Weekly) (Monthly) (In whole dollars)	Public Assistance/Child Support/Alimony (Weekly) (Monthly) (In whole dollars)	Pensions/Retirement/All Other Income (Weekly) (Monthly) (In whole dollars)
JEN GOODWIN			

C. Total Household Members (Children and Adults) Last Four Digits of Social Security Number (SSN) of Primary Wage Earner or Other Adult Household Member: ☒ Check if no SSN

Contact Information and Adult Signature

Street Address (if available): City: State: Zip:

Printed name of adult completing the application: Signature of adult completing the form: Daytime Phone and Email (optional): Today's date:

When no income is reported for any of the household members, the application is still considered complete due to the adult household member signing the application certifying that all income is reported. As a reminder, households do not have to list their contact information. Refer to slide 25 for guidance on zero income applications.



How to Process Case Number Applications

Case Number Applications

Steps for Processing a Case Number Application

1. Determine if the Case Number Application is complete.
2. Ensure Case Numbers are valid in Arizona.
3. Assign free meal benefits for all enrolled students within this household, date and sign as Determining Official.

Together, we will process the Hampton household application. If you have not yet done so, please print the **Hampton Application**.

Case Number Applications

1. Determine if the Application is Complete.

2. Ensure case numbers are valid for Arizona.
3. Assign free meal benefits and sign and date as Determining Official.

#1. Determine if the Case Number Application is Complete


A complete case number application must provide:

- Names of all child household members;
- A case number from Supplemental Nutrition Assistance Program (SNAP), Temporary Assistance for Needy Families (TANF) or Food Distribution Program on Indian Reservations (FDPIR); and
- Signature of an adult household member.



**Picture on
next slide**

The highlighted fields must be filled out for a case number application.



Step #2

Case Number Applications

1. Determine if the Application is Complete.
2. Ensure case numbers are valid for Arizona.
3. Assign free meal benefits and sign and date as Determining Official.

#2. Ensure case numbers are valid in Arizona

- Only the case number may be used to determine eligibility; for example, the electronic benefit transfer (EBT) card number used by SNAP cannot be used to establish categorical eligibility.
- The determining official must ensure that the Assistance Program case number listed on the application is valid in the State of Arizona.
- In the State of Arizona:
 - SNAP and TANF valid case numbers are 8 digits or less.
 - FDPIR case numbers are valid based on the Indian Tribal Organization. See table below:

Indian Tribal Organization	Case Number Format
White Mountain Apache Tribe, Navajo Nation, Tohono O'odham Nation, Quechan Indian Tribe, San Carlos Apache Tribe	Head of Household's Social Security Number (SSN)
Colorado River Indian Tribes	5 digits (preceding zero plus a number from a 1-2000) (ex. 01985)
Gila River Indian Community	A letter plus a number 1-7 plus the last four numbers of the Head of Household's SSN – (ex. D61234)

Step #3

Case Number Applications

1. Determine if the Application is Complete.
2. Ensure case numbers are valid for Arizona.
3. Assign free meal benefits and sign and date as Determining Official.

Is the Hampton application complete and have a valid case number?

- Yes, all fields are complete and a valid case number is listed.

All children listed in the household

Application for Free and Reduced-Price School Meals
Complete one application per household. Please use a pen (not a pencil).

STEP 1 List ALL Household Members who are infants, children, and students up to and including grade 12 (if more spaces are required for additional names, attach another sheet of paper)

Child's First Name	MI	Child's Last Name	Check box if child is a student at [DISTRICT] SCHOOL	Check box if child is a Foster Child or is Homeless, Migrant, or Runaway
DREW		HAMPTON	<input type="checkbox"/>	<input type="checkbox"/>
BRETT		HAMPTON	<input type="checkbox"/>	<input type="checkbox"/>

STEP 2 Do any Household Members (including you) currently participate in one or more of the following assistance programs: SNAP, TANF, or FDIPIR?

IF NO > Complete STEP 3. IF YES > Check which program and write a case number here, then go to STEP 4 (Do not complete STEP 3)

☒ SNAP ☐ TANF ☐ FDIPIR

Write only one case number in this space.
Case Number: 856210

STEP 3 Report Income for ALL Household Members (Skip this step if you answered 'Yes' to STEP 2)

A. Child Income
Sometimes children in the household earn income. Please include the TOTAL income earned by all Household Members listed in STEP 1 here.

B. All Adult Household Members (including yourself)
List all Household Members not listed in STEP 1 (including yourself) even if they do not receive income. For each Household Member listed, if they do receive income, report total income for each source in whole dollars only. If they do not receive income from any source, write '0'. If you enter '0' or leave any fields blank, you are certifying (promising) that there is no income to report.

Name of Adult Household Members (First and Last)	Earnings from Work	How often?				Public Assistance/Child Support/Alimony	How often?				Pensions/Retirement/All Other Income	How often?			
		Weekly	Bi-Weekly	2x Month	Monthly		Weekly	Bi-Weekly	2x Month	Monthly		Weekly	Bi-Weekly	2x Month	Monthly
	\$					\$					\$				
	\$					\$					\$				
	\$					\$					\$				
	\$					\$					\$				
	\$					\$					\$				

Last Four Digits of Social Security Number (SSN) of Primary Wage Earner or Other Adult Household Member: X X X X X X X X

Check if no SSN ☐

Signature of adult completing the form: *Julia Hampton*

City: *Julia Hampton* State: *Julia Hampton* Zip: *Julia Hampton*

Daytime Phone and Email (optional): *Julia Hampton*

Today's date: *9/21/15*

Case number is less than 8 digits.

Adult household member signature.
As a reminder, case number applications do not require households to list all household members above, or for a social security number.

Case Number Applications

1. Determine if the Application is Complete.
2. Ensure case numbers are valid for Arizona.
3. Assign free meal benefits and sign and date as Determining Official.

Certifying Case Number Applications- Hampton Household

- #1. The application contains all required information and is complete.
- #2. The household checked off SNAP, and listed a case number that is 8 digits or less.
- #3. As the determining official, we can mark the free category, sign and date the application. As a best practice, we can also add notes that this was a case number application.

Application for Free and Reduced-Price School Meals
Complete one application per household. Please use a pen (not a pencil).

STEP 1 List ALL Household Members who are infants, children, and students up to and including grade 12
(if more spaces are required for additional names, attach another sheet of paper)

Definition of Household Member: "Anyone who is living with you and shares income and expenses, even if not related."
Children in Foster care and children who meet the definition of Homeless, Migrant or Runaway are eligible for free meals. Read How to Apply for Free and Reduced-Price School Meals for more information.

Child's First Name	MI	Child's Last Name
DREW		HAMPTON
BRETT		HAMPTON

Check box if child is a student at (DISTRICT) SCHOOL NAME: ☐

Check box if child is a Foster Child or Runaway: ☐

Check box if child is Homeless, Migrant, or Runaway: ☐

THIS SPACE IS FOR SCHOOL OFFICIAL USE ONLY

Application is complete: ☒ Application is not complete: ☐
Determined Eligibility: ☒ FREE ☐ REDUCED ☐ PAID
Selected for Verification: ☐ ERROR-PRONE? ☐
Confirming Official's Signature: *Mona Vig* Date: *9/25/15*
Follow-Up Official's Signature: _____ Date: _____

NOTES:
Case number application

Comprehension Check

How would you certify this application?

- A. Paid, incomplete application. Social security number is not listed.
- B. Free, case number application is complete.
- C. Paid, the case number listed is invalid.

Application for Free and Reduced-Price School Meals
Complete one application per household. Please use a pen (not a pencil).

STEP 1 List ALL Household Members who are infants, children, and students up to and including grade 12 (If more spaces are required for additional names, attach another sheet of paper)

Definition of Household Member: "Anyone who is living with you and shares income and expenses, even if not related." Children in Foster care and children who meet the definition of Homeless, Migrant or Runaway are eligible for free meals. Read How to Apply for Free and Reduced-Price School Meals for more information.

Child's First Name MI Child's Last Name

CHARLIE PORTER
MADISON PORTER
KENNY PORTER

THIS SPACE IS FOR SCHOOL OFFICIAL USE ONLY

☐ Application is complete
☐ Determined Eligibility: ☐ FREE ☐ REDUCED ☐ PAID ☐ ERROR/PROBLEM
☐ Selected for Verification
Confirming Official's Signature
Follow-Up Official's Signature

DATE

NOTES:

STEP 2 Do any Household Members (including you) currently participate in one or more of the following assistance programs: SNAP, TANF, or FDPIR?

☐ SNAP ☐ TANF ☐ FDPIR

If NO > Complete STEP 3. If YES > Check which program and write a case number here, then go to STEP 4 (Do not complete STEP 3)

Case Number: A1152362489

STEP 3 Report Income for ALL Household Members (Skip this step if you answered 'Yes' to STEP 2)

Please read How to Apply for Free and Reduced-Price School Meals for more information. The Sources of Income for Children section will help you with the Child Income question. The Sources of Income for Adults section will help you with the All Adult Household Members section.

A. Child Income
Sometimes children in the household earn income. Please include the TOTAL income earned by all Household Members listed in STEP 1 here.

B. All Adult Household Members (including yourself)
List all Household Members not listed in STEP 1 (including yourself) even if they do not receive income. For each Household Member listed, if they do receive income, report total income for each source in whole dollars only. If they do not receive income from any source, write '0'. If you enter '0' or leave any fields blank, you are certifying (promising) that there is no income to report.

Name of Adult Household Members (First and Last)

Earnings from Work Weekly Bi-Weekly 2x Monthly Monthly

Public Assistance/Child Support/Alimony Weekly Bi-Weekly 2x Monthly Monthly

Pensions/Retirement/All Other Income Weekly Bi-Weekly 2x Monthly Monthly

C. Total Household Members (Children and Adults)

Last Four Digits of Social Security Number (SSN) of Primary Wage Earner or Other Adult Household Member X X X X

Check if no SSN ☐

STEP 4 Contact Information and Adult Signature

I certify (promise) that all information on this application is true and that all income is reported. I understand that this information is given in connection with the receipt of Federal funds, and that school officials may verify (check) the information. I am aware that if I purposely give false information, my children may lose meal benefits, and I may be prosecuted under applicable State and Federal laws.

Street Address (if available) Apt # City State Zip

Printed name of adult completing the form Signature of adult completing the form Dextline Phone and Email (optional) Today's date

A valid SNAP/TANF case number in Arizona is 8-digits or less or matches one of the FDPIR case number formats. This number looks similar to an AHCCCS (Arizona Health Care Cost Containment System) case number. Households cannot qualify for free meals by providing their AHCCCS number.



How to Process Foster Applications

Foster Applications

Steps for Processing a Foster Application

1. Determine if the Foster Application is complete; and
2. Assign free meal benefits for the identified foster child within this household, date and sign as Determining Official.

Together, we will process the Montez household application. If you have not yet done so, please print the **Montez Application**.

Foster Applications

1. Determine if the Application is Complete.

2. Assign free meal benefits to only the foster child and sign and date as Determining Official.

#1. Determine if the Foster Application is Complete

A complete foster application must provide:

- Name of the foster child;
- Indication of the child's foster care status; and
- Signature of an adult household member.

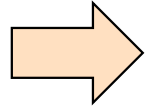


**Picture on
next slide**

#1. Determine if the Foster Application is Complete

The highlighted fields must be filled out for a case number application.

All children listed
in the household and
the Foster Box is
checked off on the
application to identify
the child's foster
status.



Application for Free and Reduced-Price School Meals
Complete one application per household. Please use a pen (not a pencil).

STEP 1 List ALL Household Members who are infants, children, and students up to and including grade 12
(if more spaces are required for additional names, attach another sheet of paper)

Definition of Household Member: "Anyone who is living with you and shares income and expenses, even if not related." Children in Foster care and children who meet the definition of Homeless, Migrant or Runaway are eligible for free meals. Read How to Apply for Free and Reduced-Price School Meals for more information.

Child's First Name MI Child's Last Name

Check box if child is a student at [DISTRICT/ SCHOOL NAME]

Check box if child is a Foster Child or is Homeless, Migrant, or Runaway

Homeless, Migrant, Runaway

STEP 2 Do any Household Members (including you) currently participate in one or more of the following assistance programs: SNAP, TANF, or FDIPIR?

☐ SNAP ☐ TANF ☐ FDIPIR

If NO > Complete STEP 3. If YES > Check which program and write a case number here, then go to STEP 4 (Do not complete STEP 3)

Case Number: _____

STEP 3 Report Income for ALL Household Members (Skip this step if you answered 'Yes' to STEP 2)

Please read How to Apply for Free and Reduced-Price School Meals for more information. The Sources of Income for Children section will help you with the Child Income question. The Sources of Income for Adults section will help you with the All Adult Household Members section.

A. Child Income
Sometimes children in the household earn income. Please include the TOTAL income earned by all Household Members listed in STEP 1 here.

Child income: \$ _____

How often? Weekly Bi-Weekly 2x Month Monthly

B. All Adult Household Members (including yourself)
List all Household Members not listed in STEP 1 (including yourself) even if they do not receive income. For each Household Member listed, if they do receive income, report total income for each source in whole dollars only. If they do not receive income from any source, write '0'. If you enter '0' or leave any fields blank, you are certifying (promising) that there is no income to report.

Name of Adult Household Members (First and Last) Earnings from Work Public Assistance/ Child Support/Alimony Pensions/Retirement/ All Other Income

How often? Weekly Bi-Weekly 2x Month Monthly

C. Total Household Members (Children and Adults) _____

Last Four Digits of Social Security Number (SSN) of Primary Wage Earner or Other Adult Household Member: X X X X

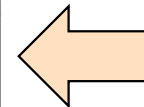
Check if no SSN ☐

STEP 4 Contact Information and Adult Signature

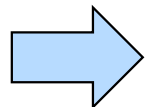
I certify (promise) that all information on this application is true and that all income is reported. I understand that this information is given in connection with the receipt of Federal funds, and that school officials may verify (check) the information. I am aware that if I purposely give false information, my children may lose meal benefits, and I may be prosecuted under applicable State and Federal laws.

Street Address (if available) Apt # City State Zip Daytime Phone and Email (optional)

Printed name of adult completing the form Signature of adult completing the form Today's date



Adult household
member signature.



Foster Applications

1. Determine if the Application is Complete.

2. Assign free meal benefits to only the foster child and sign and date as Determining Official.

#2. Assign Meal Benefits

- A foster child is categorically eligible for free meals. The child's status for free meals does not require confirmation of eligibility status prior to receiving benefits.
- The free meal benefits do not extend to other household members.

1. Determine if the Application is Complete.
2. Ensure case numbers are valid for Arizona.
3. Assign free meal benefits and sign and date as Determining Official.

- Yes, the application is complete for a foster child.

56

2. Assign free meal benefits to only the foster child and sign and date as Determining Official.

How to Process Homeless/Migrant/Runaway Applications

Homeless/ Migrant/ Runaway Applications

When an LEA receives an application with Homeless, Migrant or Runaway indicated, the determining official must confirm eligibility for each child, prior to providing benefits.

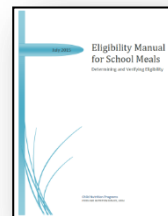
1. An appropriate program official or homeless liaison must confirm a child's status, either through direct contact with the agency or by a list of names provided by the agency.
2. Once the appropriate official confirms a child's homeless, migrant and/or runaway status, the child will be provided free meal benefits.
3. Attach the application with the documentation provided by the liaison.

[illegible]

Homeless/ Migrant/ Runaway Applications

Acceptable Documentation for Homeless/Migrant/Runaway

- Migrant:
 - LEAs should work directly with Migrant Education Program (MEP) officials or their homeless liaison to identify migrant children and to document their eligibility for free benefits. Acceptable documentation for MEP enrollment is a dated list with each child's name, and the signature of the MEP official or local educational liaison, or a letter from a MEP official or local educational liaison provided by a household, which confirms that a child currently meets the definition of migrant.
- Runaway
 - Acceptable documentation is obtained from the LEA homeless liaison or officials of shelters where the child resides. A letter with the child's name or a list of names of participating children, effective dates, and signature of the school district's homeless liaison, or other designated official confirms that a child meets the definition of a runaway.
- Homeless
 - Acceptable documentation is obtained from the LEA homeless liaison or officials of homeless shelters where the child resides. It consists of a letter with the child's name or a list of names of participating children, effective dates, and signature of the school district's homeless liaison or other designated officials.



Guidance on Other Source Categorically Eligible Programs is available in the USDA Eligibility Manual for School Meals pg. 40.

Comprehension Check

If you received an application with only a child's name, Migrant checked off and an adult signature, what should be your next step?

- A. Certify the application as free.
- B. Do not grant meal benefits yet. Contact the Migrant Liaison to confirm child is migrant.
- C. Certify the application as reduced.



Comprehension Check

If you received an application with only a child's name, Migrant checked off and an adult signature, what should be your next step?

- A. Certify the application as free.
- B. Do not grant meal benefits yet. Contact the Migrant Liaison to confirm child is migrant.**
- C. Certify the application as reduced.

Applications that have been checked off migrant must be confirmed by the program's liaison. Until you have received confirmation, the child cannot be certified as free due to migrant status.



Processing Applications with Multiple Types of Eligibility

Processing Applications with Multiple Types of Eligibility

Processing Applications with Multiple Types of Eligibility

LEAs may receive applications where some children are eligible for free meal benefits based on the child's status of Foster, Homeless, Migrant, and/or Runaway. However, that eligibility does not extend to other children in the household. This type of eligibility is referred to as Other Source Categorical Eligibility. The LEA must have a method to process different eligibility statuses that may result from an application that contains a Foster, Homeless, Migrant and/or Runaway child along with other students.

1. The LEA will determine the Other Source Categorical Eligibility for the appropriate children using the guidance provided in this guide.
 2. The LEA will then determine the eligibility for the remaining children listed on the application by either case number or household's income and size (which includes the Other Source Categorically Eligible children).
- Other Source Categorically Eligible children will receive free benefits, even if the other children listed on the application are determined ineligible or eligible for reduced-price benefits.

Processing Denied Applications

Denied Applications

Denied Applications

- If a household provides an incomplete application or does not meet the eligibility criteria for free or reduced-priced benefits, the application must be denied. Households with children who are denied benefits must be provided with written notification of the denial.
- Determining officials must record the eligibility determination and notification in an easily referenced format that includes the:
 - Denial date,
 - Reason for denial,
 - Date the denial notice was sent, and
 - Signature or initials of the determining official (may be electronic, where applicable).
 - This can all be recorded on the office use only section of the household application.

Summary of Meal Benefits

Summary of Meal Benefits

Application Type	Meal Benefits	
Income Application	Free, reduced or paid (over income).	Eligibility determined by income and household size is provided to all enrolled students.
Case Number	Free meal benefits	Free eligibility determined by case number is provided to all enrolled students.
Foster	Free meal benefits	Free eligibility determined by foster status is only provided to the child identified as Foster.
Homeless/Migrant/Runaway	Free meal benefits	Free eligibility determined by Homeless/Migrant/Runaway is only provided to the child identified as Homeless/Migrant/Runaway.

Applications that are incomplete are considered paid until required information is obtained from the household. Please refer back to slide 13 of this How-To-Guide for more information.

Technical Assistance

If you have any questions on student eligibility when certifying children with Household Applications, use:

The Eligibility Manual for School Meals found at:

<http://www.azed.gov/health-nutrition/nsip/manuals/>

For other ways to certify a student for meal benefits, review other How-To-Guides available online at:

<http://www.azed.gov/health-nutrition/nsip/manuals/>